THE SMITTAL FORM

Attorney Docket No. CA920000015/1852P

In re the application: Ian R. Fig

Serial No: 09/757,427

Filed: January 10, 2001

Confirmation No.: 8482

Examiner: Ly, Anh

Group Art Unit: 2172

For: Improved Query Execution in Query Processing Systems

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Technology Center 2100

After Final		Amendment/Re								
Information disclosure statement		Amendment/Reply			Assignment and Recordation Cover Sheet			After Allowance Communication to Group		
Form 1449		After Final			Part B-Issue Fee Transmittal			Appeal Communication to Board of Appeals and Interferences		
Form 1449		Information disclosure statement			Letter to Draftsman			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
Extension of Time Request *	}	Form 1449			Drawings			i		
Express Abandonment		(X) Copies of References			Petition			Postcard		
Certified Copy of Priority Doc		Extension of Time Request *			Fee Address Indication Form			Other Enclosure(s) (please identify below):		
Response to Incomplete Appln Change of Correspondence Address Response to Missing Parts *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to . CLAIMS Executed Declaration by Inventor(s) Executed Declaration by Inventor(s) Extra Claims Extra Claims RATE FEE		Express Abando	onment		Terminal Disclaimer					
Response to Missing Parts Response to Missing Parts Executed Declaration by Inventor(s) Extra Claims For to Laims		Certified Copy of Priority Doc Power of Attorney and Revocation of Prior Powers								
Commissioner to extend the time for response for xxxxxx month(s), from to. CLAIMS FOR Claims Remaining After Amendment After Amendment Independent Claims Is Is Is Independent Claims Is Is Is Is Is Independent Claims In the amount of \$ is enclosed for payment of fees. Charge \$ to Deposit Account No (Account Holder Name) for payment of fees. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Attorney Name Joyce Tom, Reg. No. 48,681		Response to Incomplete Applin Change of Correspondence								
CLAIMS FOR Claims Remaining After Amendment Previously Paid For Total Claims 18 20 0 \$18.00 \$0.00 Independent Claims 6 6 6 0 \$86.00 \$0.00 Total Fees \$0.00 METHOD OF PAYMENT Check no in the amount of \$ is enclosed for payment of fees. Charge \$ to Deposit Account No (Account Holder Name) for payment of fees. Charge any additional fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation). SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Attorney Name Joyce Tom, Reg. No. 48,681	$ \Box $		-							
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XXX			SIGNATI	JRE OF	APPLICANT, ATTO	DRNEY, OR	AGEN	T		
	Attorney Name Joyce Tom, Reg. No. 48,681									
Signature										
Date October 31, 2003										
CERTIFICATE OF MAILING				CE	RTIFICATE OF MA	ILING				
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: October 31, 2003	mail in a	an envelope addres	rrespondence is bein sed to: Mail Stop AF,	g depos Commis	ited with the United Sta sioner for Patents, P.O.	tes Postal Ser Box 1450, Ale	vice w	ith sufficient postage a , VA 22313-1450 on th	as first class als date:	
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